

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 2 | | | | | |
| 21 | 1 | | | | | |
| 22 | 2 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
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| 31 | 1 | | | | | |
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| TOTAL DEP. | 2 | 1 | | | | |
| TOTAL CLAIMS | 2 | 1 | | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
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